JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3771 FORM JC/OH COVER SHEET PG 1

(512) 463-5800

	1 ACCOUNT# 2 Total pages filed.
The JC/OH INSTRUCTION GUID	DE explains how to complete this form. (Ethics Commission filers)
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME FIRST MI OFFICE USE ONLY Date Received R COUNTY OFFICE USE ONLY Date Received R COUNTY OFFICE USE ONLY Date Received R COUNTY OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE RIDGE RIDGE ROAD Receipting Receipting
CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX Date Processed LONGOVIO Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 476-4144
8 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 Sth day before election Exceeded \$500 limit Final report (Attach JC/OH - FR)
9 PERIOD COVERED	Month Day Year 12/31/97 THROUGH 12/31/97
10 ELECTION	ELECTION DATE Month Day Year 3/10/98 Primary Runoff General Special
11 OFFICE	OFFICE HELD (If any) None 12 OFFICE SOUGHT (If known) Courty Court at Law #5
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.
MADITIDONES	Address / PO Box. Apt / Sunte#. City: State. Zip Code
addkional pages	
	GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

(512) 483-5800

14 C/OH NAME	anet	Stockard	5 ACCOUNT # (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	may have been made	des political expenditures by political committees to support the can e without the candidate's or officeholder's knowledge or consent. Can on only if they receive notice of such expenditures. ••	ididate / officeholder. These expenditures ididates and officeholders are required to
÷	COMMITTEE TYPÉ	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N S
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	MIZED \$
	4. TOTAL	L POLITICAL EXPENDITURES	\$ 1,200
CONTRIBUTION BALANCE	5. TOTAL OF TH	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL LAST I	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$.
18 AFFIDAVIT	A(3), 7/2	I swear or affirm under penalty	of perjury, that the accompanying report
NO PORTOR	ARY PUBLIC		all information required to be reported by
1111	TE OF TEUS SOMES 28, 1991, III	Signature of C	andidate or Officeholder
AFFIX NOTARY	STAMP / SEAL ABO	VE (
Swom to and subscribe	ed before me, by the s which, witness my h	said <u>Tunet Stock and</u> , this the and and seal of office.	e /le day of Jinery
Mase Asiles Signature of officer ac	dministering path	Glorin Aguilers Print name of officer administering oath	Notary (2.1/L) Title of officer administering oath

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH

14 C/OH NAME	net	Stockard	15 ACCOUNT # (Ethics Commission flers)
POLITICAL	may have been made	des political expenditures by political committees to support the ca ewithout the candidate's or officeholder's knowledge or consent. Ca in only if they receive notice of such expenditures.	andidate / officeholder. These expenditures and officeholders are required to
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	JAN I
·	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	8 T
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	RATY. TEX
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!	AN & &
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS ' THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,200
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS E REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	LAST	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS COAY OF THE REPORTING PERIOD	S \$
18 AFFIDAVIT	AGUILLA PUBLICA PAR	I swear, or affirm, under penaltis true and correct and include me under Title 15, Election Coc	ty of perjury, that the accompanying report is all information required to be reported by de.
THE WAY	28, 19911111 28, 19911111	Signature of	Candidate or Officeholder
AFFIX NOTARY ST	TAMP / SEAL ABO	/E (
Swom to and subscribed 19 98, to certify when the subscribed 19 98 19 19 19 19 19 19 19 19 19 19 19 19 19			ne /le day of Janesy
Maria Gentles Signature of officer adm	ninistering oath	Gloria Aguik re Print name of officer administering oath	Nefer Pulls Title 61 officer administering oath

P.O. Box 12070

	FROM PERSONAL FUNDS		80	CHEDULE G
The Instruction	GUIDE EXPLAINS how to complete this form.	1 Total pages Sched	ule G:	
2 FILER NAME		3 ACCOUNT# (Ethic	cs Comm	ilssion filers)
4 Date 12:31:97	5 Payee name Travis County Dame orchi Porty 6 Payee address: City: State: Zip Code 1900 Lamar, Aust, Texa 7 Purpose of expenditure		8 \$1_	Amount (\$)
	1900 Lamar, Aust, Texa 7 Purpose of expenditure Leling fee	2 7870/		Reimbursement from political contributions intended
Date	Payee name City: State; Zip Code			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	Purpose of expenditure		<u>.</u>	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED		

The Instruct	том Guide explains how to complete this form.	1 Total pages S	chedule H:
FILER NAI	ME	3 ACCOUNT#	(Ethics Commission filers)
· · · · · · · · · · · · · · · · · · ·			
Date	5 Business name	·	7 Amount (\$)
	6 Business address; City; State; Zi		
	b business address, City, State, Zi	p Code	
		•	
Purpose of	payment	9 Complete if direct expendite Candidate / Officeholder name	ire to benefit C/OH Office sought / held
Date	Business name		Amount (\$)

	Business address; City; State; Z	ip Code	
	1		
Purpose of	payment	•• Complete if direct expenditu	
Purpose of	payment	Complete if direct expenditu Candidate / Officeholder name	ire to benefit C/OH ** Office sought / held
Purpose of	payment	Complete if direct expenditu Candidate / Officeholder name	
Purpose of	payment Business name	Complete if direct expenditu Candidate / Officeholder name	Office sought / held
	Business name	Candidate / Officeholder name	Office sought / held
		Candidate / Officeholder name	Office sought / held
	Business name	Candidate / Officeholder name	Office sought / held
	Business name Business address; City; State; 2	Candidate / Officeholder name	Amount (\$)
Date ·.	Business name Business address; City; State; 2	Candidate / Officeholder name	Amount (\$)
Date ·.	Business name Business address; City; State; 2	Candidate / Officeholder name	Amount (\$)
Date 	Business name Business address; City; State; 2	Candidate / Officeholder name	Amount (\$)
Date	Business name Business address; City; State; 2 payment Business name	Candidate / Officeholder name Zip Code Complete if direct expendit Candidate / Officeholder name	Amount (\$) ure to benefit C/OH Office sought / held
Date	Business name Business address; City; State; Z payment Business name	Candidate / Officeholder name Zip Code Complete if direct expendit Candidate / Officeholder name	Amount (\$) ure to benefit C/OH Office sought / held
Date	Business name Business address; City; State; 2 payment Business name	Candidate / Officeholder name Zip Code Complete if direct expendit Candidate / Officeholder name	Amount (\$) ure to benefit C/OH Office sought / held
Date	Business address; City; State; 2 payment Business name Business address; City; State; 2	Candidate / Officeholder name Zip Code Complete if direct expendit Candidate / Officeholder name	Amount (\$) Amount (\$) Amount (\$)